

UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM

FORM MU1 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU1 is the Uniform Mortgage Lender/Mortgage Broker business Application. Any *applicant* for a Mortgage Lender or a Mortgage Broker business license may apply to *jurisdictions* that have adopted the Uniform Application using Form MU1. An *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction-specific* requirements.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations. *Idaho anticipates 30-60 days from receipt of a **complete** (not partially filed) application.*
5. **AMENDMENTS** – The *applicant* must update information as required in each applicable *jurisdiction* by submitting amendments using Form MU1. Only complete the information that is being amended as well as the name of the *applicant* and circle the item being amended. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU1.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CLOSE** – When an *applicant* decides to cease operations under the license/registration, use the Form MU1 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 1A, J, and K. Surrender the original license/registration document (if any was issued) to the *jurisdiction(s)*. Consult each *jurisdiction* concerning additional specific requirements at surrender/closure.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. A fully completed Form MU1 is required to be submitted to each *jurisdiction* when the *applicant* is filing for the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements, including applicable fees. *Refer to the Idaho Addendum for Idaho-jurisdiction specific requirements.*
 - B. The Execution section must include notarized original manual signature, for the initial Form MU1 filing.
 - C. Type all information.
 - D. Use only the current version of Form MU1 and its Schedules or a reproduction of them.
2. **ATTACHMENTS** – Provide the following (*and refer to the Idaho Addendum for Idaho-jurisdiction specific attachments*):
 - A. Schedules A, B, and C – File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
 - B. File a Form MU2 for each **individual** designated on Schedule A or C as a "control person".
 - C. Enclose a Certificate of Good Standing from the Secretary of State or similar state authority for the state where the *applicant* obtained its legal status listed in Item 3C and for the *jurisdiction(s)* for which the *applicant* is applying.
 - D. If the applicant is a partnership of any form, enclose a copy of the partnership agreement.
 - E. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s). Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
 - F. The name, full delivery address, and telephone number of the registered agent for service of legal process. Consult the *jurisdiction(s)* to determine if the registered agent is required to be located within the *jurisdiction(s)* in which you are applying.
 - G. Depending on the *jurisdiction*, individual(s) originating or soliciting to originate mortgage loans at the business may need to file a Form MU4. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
 - H. Depending on the *jurisdiction*, branch offices may need to complete a Form MU3. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
3. **FINANCIAL RESPONSIBILITY** – Consult each *jurisdiction* in which the *applicant* is applying to determine requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other requirements. *Refer to the Idaho Addendum for Idaho-jurisdiction specific requirements*
4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, etc. *Refer to the Idaho Addendum for Idaho-jurisdiction specific requirements*

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU1

1. GENERAL

APPLICANT – The mortgage lender or mortgage broker applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual named in Item 1A or in Schedules A, B or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. FOR THE PURPOSE OF ITEM 8

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL AFFILIATE – A *person* named in Item 1A or in Schedules A, B or C as a *control person* or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, *real estate agent*, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM MU1	UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM		MORTGAGE BROKER <input type="checkbox"/>
	Date of Filing: _____ Effective Date: _____		MORTGAGE LENDER <input type="checkbox"/>
			MORTGAGE SERVICER <input type="checkbox"/>

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.
INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION ☐ SURRENDER ☐ AMENDMENT ☐ *To amend, circle item(s) being amended.*

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full name of *applicant*:
(if sole proprietor, provide last, first and middle name)

C. (1) Name under which business primarily is or will be conducted, if different from Item 1A.

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which they are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

B. IRS Employer Identification Number
(Social Security No is allowed for sole proprietorship)

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
☐ *applicant* name (1A) or ☐ business name (1C): _____

E. Main address: (Do not use a P.O. Box)

Number and Street	City	State/Country	Zip+4/Postal Code
-------------------	------	---------------	-------------------

F. Mailing address, if different:

PO Box or Number and Street	City	State/Country	Zip+4/Postal Code
-----------------------------	------	---------------	-------------------

G. Telephone Numbers and Website address:

Business phone

Area Code	Telephone Number
-----------	------------------

website address #1

Fax line

Area Code	Telephone Number
-----------	------------------

website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices or other business locations?
☐ YES ☐ NO (In certain *jurisdictions*, branch offices or other business locations must be reported or approved. Use Form MU3.)

I. Contact Employee:

Name and Title	Area Code Telephone Number
Number and Street	City State/Country Zip+4/Postal Code
E-mail Address	Fax Number

J. Employee authorized to respond to consumer complaints:

Name and Title	Area Code Telephone Number
Number and Street	City State/Country Zip+4/Postal Code
E-mail Address	Fax Number

K. Physical address of location where the official books and records of the *applicant* will be kept. Consult each *jurisdiction* for specific records retention requirements.

Organization Name (if different from <i>applicant</i>) or Records Custodian Name	Area Code Telephone Number
Number and Street	City State/Country Zip+4/Postal Code

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)

Subscribed & Sworn before me

Notary seal here

Signature of authorized party

Print Notary Public name

on this _____ day of _____, _____ at _____

Month Year State County

Notary Public Signature

Title

Print authorized party name

Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

2. Enter appropriate number in the box(es) for each *jurisdiction*:
Enter "1" if *applicant is newly applying* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).
Enter "2" if *applicant* has a **pending application** in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).
Enter "3" if *applicant is already licensed/registered* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).

	ML	MB		ML	MB		ML	MB		ML	MB
Alabama			Idaho			Montana			Rhode Island		
Alaska			Illinois			Nebraska			South Carolina		
Arizona			Indiana			Nevada			South Dakota		
Arkansas			Iowa			New Hampshire			Tennessee		
California – DOC			Kansas			New Jersey			Texas – OCCC		
California – DRE			Kentucky			New Mexico			Texas – SML		
Colorado			Louisiana			New York			Utah		
Connecticut			Maine			North Carolina			Vermont		
Delaware			Maryland			North Dakota			Virginia		
District of Columbia			Massachusetts			Ohio			Washington		
Florida			Michigan			Oklahoma			West Virginia		
Georgia			Minnesota			Oregon			Wisconsin		
Guam			Mississippi			Pennsylvania			Wyoming		
Hawaii			Missouri			Puerto Rico					

3. A. Indicate legal status of *applicant*.
☐ Corporation ☐ Sole Proprietorship ☐ Other (*specify*) _____
☐ Partnership ☐ Limited Liability Company
- B. *Applicant's* fiscal year end (MM/DD): _____
- C. If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):
State/Country of formation: _____ Date of formation (MM/DD/YYYY): _____
- D. If *applicant* is a publicly traded corporation, please insert stock symbol: _____

4. A. Directly or indirectly, does *applicant control*, is *applicant controlled by*, or is *applicant* under common control with, any person that is engaged in the business of a mortgage lender or mortgage broker? *If no, go to 4B.* YES ☐ NO ☐
(check only one for each relationship, attach additional copies as needed)

This Partnership, Corporation, or Organization _____
Partnership, Corporation, or Organization Name

☐ controls *applicant* ☐ is controlled by *applicant* ☐ is under common control with *applicant*

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

- B. Directly or indirectly, is *applicant controlled by* any of the following? *If no, go to 5.* YES ☐ NO ☐

☐ Bank Holding Company ☐ National Bank ☐ State Member Bank of the Federal Reserve System
☐ State Non-Member Bank ☐ Savings Association/Savings Bank ☐ Credit Union ☐ Foreign Bank ☐ Thrift Holding Company

Financial Institution Name

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A and, if applicable, Schedule B must be completed as part of all initial applications.
Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

<p>5. Check type(s) of mortgage related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>A. First mortgage loans</p> <p>B. Second mortgage loans</p> <p>C. Home equity loans, including lines of credit</p> <p>D. Loans guaranteed by the Federal Housing Administration (FHA)</p> <p>E. Loans guaranteed by the Veterans Administration (VA)</p> <p>F. Reverse mortgage loans</p> <p>G. High cost home loans (refer to various state definitions of covered transactions)</p> <p>H. Mortgage Servicing</p> <p>I. Other mortgage products and services (If "yes", briefly describe below)</p> <p>J. Credit insurance</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>6. Will <i>applicant</i> engage in any non-mortgage-related business?</p> <p>If "yes" briefly describe. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>7. Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>		
<p style="text-align: center;">Criminal Disclosure</p> <p>A. Has the <i>applicant</i> or a <i>control affiliate</i> ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i>:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</i></p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8B(1)?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Regulatory Action Disclosure</p> <p>C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p> <p>(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?</p> <p>(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?</p> <p>(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?</p> <p>(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i>, prevented it from associating with a <i>financial services-related</i> business or restricted its activities?</p> <p>D. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?</p> <p>E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8C?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Civil Judicial Disclosure</p> <p>F. (1) Has any domestic or foreign court:</p> <p>(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?</p> <p>(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?</p> <p>(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i>?</p> <p>(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8F(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Financial Disclosure</p> <p>G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?</p> <p>H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i>?</p> <p>I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: _____

Date: _____

1. Use Schedule A only in new applications to provide information on the **direct** owners and executive officers of the *applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**
 2. List below the names of:
 - (a) each *control person* and executive officer, including Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
 - (b) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company;

Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.

 - (c) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
 - (d) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust and each trustee;
 - (e) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (f) in certain *jurisdictions*, other required *persons*, including "qualified *persons*" or branch supervisors. Consult the *jurisdiction(s)* in which the *applicant* is applying for details.
 3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? ☐ Yes ☐ No
 4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).
 5.
 - (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to this form, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form MU2.
 - (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

[illegible]

<div>Schedule B INDIRECT OWNERS (Answer for Form MU1 Item 4)</div>	Applicant full legal name: _____				
	Date: _____				
1. Use Schedule B only in new applications to provide information on the indirect owners of the <i>applicant</i> . Use Schedule A in new applications to provide information on direct owners. File all amendments on Schedule C. Complete each column.					
2. With respect to each owner listed on Schedule A, (except individual owners), list below: <div>(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation; For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</div> <div>(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;</div> <div>(d) in the case of an owner that is a trust, the trust and each trustee; and</div> <div>(e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.</div>					
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.					
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).					
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

<div><div>Schedule C</div><div>AMENDMENTS TO</div><div>SCHEDULES A & B</div><div>(Amendments to answers for</div><div>Form MU1 Item 4)</div></div>	<div>Applicant full legal name: _____</div> <div>Effective Date: _____</div>					
1. This Schedule is used to amend Schedules A and B of Form MU1. Refer to those schedules for specific instructions for completing this Schedule C. Complete each column.						
2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same <i>person</i>).						
3. List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
4. List below all changes to Schedule B (INDIRECT OWNERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

JAMES E. RISCH
GOVERNOR

GAVIN M. GEE
DIRECTOR

STATE OF IDAHO
DEPARTMENT OF FINANCE
700 W. STATE STREET, 2nd FLOOR – BOISE ID 83702
P O BOX 83720 - BOISE ID 83720-0031
TELEPHONE: (208) 332-8002
FAX: (208) 332-8096
<http://finance.idaho.gov>



IDAHO ADDENDUM

Jurisdiction-Specific Requirements for the State of Idaho Form MU1 Uniform Mortgage Broker/Lender License Application

The following items must be included with any submission for a mortgage broker/lender license in addition to the requirements of the uniform application form. The “Home/Main/Corporate” location must be licensed prior to any branch. Each additional branch location desiring to conduct business in Idaho must be separately licensed and will require a separate filing of an MU3 application form with appropriate fees and bond.

1. **Qualified Person in Charge (QPIC):** This person must demonstrate a minimum of three (3) years’ experience specifically in residential mortgage brokering/lending. Idaho Code § 26-3108(2)(b). This person does not have to be an owner, officer, member, partner or director. **The Form MU2 must be completed and provided for each designated QPIC.** A resume must also be submitted and it must contain names, addresses, dates (mo/yr) of employment and **detailed job descriptions/duties** for all employers. Job titles alone are NOT sufficient.

Name of Qualified Person in Charge

Business Address

Phone

Fax

email

The QPIC must obtain a mortgage loan originator license if he/she conducts or will conduct mortgage loan origination activities in Idaho. If not, this person is still required to obtain continuing education in accordance with IDAPA 12.01.10 (10).

2. **Evidence of filing with the Idaho Secretary of State’s office:** This may be a file-stamped (accepted) copy of the appropriate application or a copy of the actual certificate as issued. If a “d/b/a” or “fictitious” business name will be used in Idaho, a file-stamped copy of the Certificate of Assumed Business Name will also be required. Contact (208) 334-2300 or www.idsos.state.id.us for further information and filing requirements.
3. **Samples of all origination forms that Idaho borrowers will be required to sign or acknowledge prior to closing.** Idaho Code § 26-3105(8). Do **not** include closing documents such as the Note, Deed of Trust, etc. *Form samples should **also** include those used to satisfy the four (4) required disclosures under Rule 50_(IDAPA_12.01.10.50.* Model forms are available on the Department’s website at <http://finance.idaho.gov> and are included in any application package that is requested by mail.
4. **Application Fee:** \$350.00 payable to the Idaho Department of Finance. There are no fees charged for amendments such as name or address changes, additions/subtractions of d/b/a’s, or corrections. A new full complete application package and fee will be required if the structure of the licensee is changed.
5. **Surety Bond or Certificate of Deposit:** Bond or CD must be in the minimum amount of \$25,000 for the “Home/Main” office, increased by increments of \$10,000 for each additional branch location. There is no maximum cap. The **original** bond or CD must be provided to this office. The bond must be fully executed by both the surety company and applicant. Subsequent increases to the bond may be in the form of a fully executed rider. A CD must be payable to the Idaho Department of Finance, with interest payable to the applicant entity. A CD must remain in place for a period of three (3) years after cessation of Idaho licensure. Instructions for a CD in lieu of surety bond are available on the Department’s website at <http://finance.idaho.gov> in the “loan originator and mortgage forms” section. **NOTE: The name of the principal insured on the bond/CD must match EXACTLY to the name shown in section 1A of the Form MU1 and the entity filing with the Idaho Secretary of State.**
6. **Registered Agent:** If your office is outside the border of the state of Idaho, you **must** maintain a registered agent inside Idaho. If needed, contact the Idaho Secretary of State for a list of registered agents.

7. **Mortgage Loan Originators:** Individuals desiring to conduct mortgage loan origination activity in Idaho as defined in Idaho Code § 26-3102(20), regardless of title or position, must be licensed prior to commencing origination activity unless exempt under Idaho Code § 26-3103. File Form MU4, with appropriate fee and bond, for each individual.

8. **Corporations/LLC:** Provide a recorded copy of the Articles of Incorporation or Articles of Organization.

Check this box if you intend to **fund**, either through a warehouse line or other entity-owned funds, subordinate lien financing (i.e. second mortgages, equity lines, etc), or undertake the assignment and direct collection of payments and enforcement of rights of such subordinate lien loans. If marked, this application will also serve as the application for the Idaho Regulated Lenders License and will **subject the applicant to the provisions of the Idaho Credit Code, its renewals and reporting requirements.**

Please submit all items simultaneously. All approved licensees are posted to the Department's website daily.

YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN IDAHO UNTIL YOU HAVE RECEIVED A LICENSE AS AN ENTITY FOR THE SPECIFIC LOCATION AND NO LOAN ORIGINATOR IS AUTHORIZED TO ENGAGE IN MORTGAGE LOAN ORIGINATION ACTIVITIES UNTIL HE/SHE HAS RECEIVED A LICENSE OR PROVIDED EVIDENCE OF EXEMPTION.

Return this Addendum with your application package.